

RECEIVED  
CENTRAL FAX CENTER

SEP 28 2005

**Medtronic**

---

## Facsimile Cover Sheet

**MEDTRONIC LAW DEPARTMENT - CONFIDENTIAL**

**Attention:** Examiner Martin A. Gottschalk  
**Company:** United States Patent and Trademark Office  
**Telephone:** 571-272-7030  
**Facsimile:** 703-872-9306  
**Application No.:** 09/844,144  
**Filing Date:** April 27, 2001

**From:** John W. Albrecht, Esq.  
**Telephone:** 763-505-0429  
**Facsimile:** 763-505-0411  
**Our Ref. No.:** P-9643.00

RECEIVED  
OIPE/IAP

SEP 29 2005

**Date:** September 28, 2005**Pages (including cover page):** 5**Comments:** Enclosed are the following documents for filing in the above-identified application:

- ☒ Transmittal Letter
- ☒ Response to Office Action
- ☒ Request for Extension of Time
- ☒ Fee Transmittal

Please charge any additional fees or credit any overpayments to Deposit Account No. 13-2546.

**NOTICE**

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ON THIS TRANSMITTAL FORM. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY Karla Weis (763) 505-0421. THANK YOU.

PTO/SB/21 (09-04)


Approved for use through 07/31/2008. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/844,144	<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>SEP 28 2005</b>
	Filing Date	April 27, 2001	
	First Named Inventor	Goetzke	
	Art Unit	3626	
	Examiner Name	Martin A. Gottschalk	
	Attorney Docket Number	P-8643.00	
Total Number of Pages In This Submission	5		


ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): -Response to Restriction Requirement
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Medtronic, Inc.		
Signature			
Printed name	John W. Albrecht		
Date	9-28-05	Reg. No.	40,481

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Karl K. Weis	Date	9/28/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.